

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90012 010 ****61.25

DOCUMENT # N95000005951 1. Entity Name BREAKERS POINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1799 BREAKERS POINTE WAY WEST PALM BEACH FL 33411 US			Mailing Address 1928 LAKE WORTH ROAD LAKE WORTH FL 33461 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0635328 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH FL 33461			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAYNICK, CYRIL 1756 BREAKERS POINTE WAY WEST PALM BEACH FL 33411 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENN, ALLEN 1868 BREAKERS POINTE WAY WEST PALM BEACH, FL 33411 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, WILLIAM 1924 BREAKERS POINTE WAY WEST PALM BEACH FL 33411 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROLES, RICHARD 1757 BREAKERS POINTE WAY WEST PALM BEACH, FL 33411 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLES, RICHARD 1757 BREAKERS POINTE WAY WEST PALM BEACH FL 33411 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUNIS, LEONARD 1798 BREAKERS POINTE WAY WEST PALM BEACH, FL 33411 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAPLAN, COLMAN 1784 BREAKERS POINTE WAY WEST PALM BEACH FL 33411 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, COLMAN 1784 BREAKERS POINTE WAY WEST PALM BEACH, FL 33411 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUNIS, LENARD 1798 BREAKERS POINTE WAY WEST PALM BEACH FL 33411 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Allen Glenn</u> <i>pres</i> 3/23/04 (561) 791-3027 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

